INSURANCE PRODUCER FEE DISCLOSURE FORM (P&C) - SAMPLE.

INSURANCE PRODUCER FEE DISCLOSURE

| Date: | | | | | |
|--|--|--|-------------------------|--|--|
| Consumer: | Name Street Address City, State Zip | | | | |
| Retail Producer: | Name Insurance Agency Street Address City, State Zip (Area Code) Telephone Number License No. Firm No. | | | | |
| Services To Be Provided: | | | | | |
| Date Work Is To Be Completed | i By: | | | | |
| Fee Schedule: | | Service Provided (Describe) | <u>Fee</u> | | |
| | | | \$ | | |
| | | | \$ | | |
| | | TOTAL | \$ | | |
| Fee(s) Negotiated: Yes N | lo If yes, describe te | erms: | | | |
| Refundable: Yes No | - | | | | |
| Type of Other Fee(s) Received: | | Commissions | \$ | | |
| Qualifications - Occupational/1 | Educational Background: | | | | |
| CLIENT ATTESTATION: | | | | | |
| By signing below I acknowledge copy of this form. | ge that I have reviewed the | e information provided in this disclos | ure and have received a | | |
| Client Signature | | Date | | | |
| I attest that I have disclosed all remuneration that will be charg | | services to be provided and the fees, ng the services described. | charges or other | | |
| Producer's Signature | | Date | | | |

INSURANCE PRODUCER FEE DISCLOSURE FORM $(P\&C)\;$ - SAMPLE

INSURANCE PRODUCER FEE DISCLOSURE

| Date: March 15, 2003 | | |
|---|---|---|
| Consumer: | John Smith 1234 Main Street Boise, ID 83701 | |
| Retail Producer: | Jane Jones Jones Insurance Agency 456 State Street Boise, ID 83703 (208) 111-2222 License No. AB001123 Firm No. AB111222 | |
| Services To Be Provided: Conduct m auto and workers compensation. | narket search for commercial insurance including general | l liability, commercial |
| Date Work Is To Be Completed By | 7: <u>06/01/03</u> | |
| Fee Schedule: | Service Provided (Describe) Research and Recommend Coverage Other (Describe)MVR Search | Fee \$ 20.00 \$ 10.00 \$ |
| Fee(s) Negotiated: Yes No <u>XX</u> Refundable: Yes No <u>XX</u> | TOTAL | \$ 30.00 |
| Type of Other Fee(s) Received: | Commissions | \$ <u> 0 </u> |
| | onal Background (Optional): license with the State of Idaho since 1991. I hold the des ered Property Casualty Underwriter (CPCU). | signations of Certified |
| CLIENT ATTESTATION: | | |
| By signing below I acknowledge that I copy of this form. | have reviewed the information provided in this disclosure | and have received a |
| Client Signature | Date | |
| I attest that I have disclosed all relevan remuneration that will be charged or re | at facts concerning services to be provided and the fees, cha acceived for providing the services described. | rges or other |
| Producer's Signature | Date | |